

☒ YES ☐ NO

THE CLEVELAND MUSEUM OF ART

**THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE**

MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any

Artist

Dolores Marie, Balasz

FIRST NAME

LAST NAME

Address 10410 SHAKER BLVD. CLEVELAND 4, OHIO

NO

STREET

CITY

ZONE

COUNTY

Tel. RA 1-0694

Te

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR
SALE

NUMBER IN
EDITION
(Graphic Prts.)

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN
THESE COLUMNS[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Valerie Marie Balazs
SIGNATURE

SIGNATURE